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MARTIN & FERRARO, LLP

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FACSIMILE TRANSMITTAL**TO:**

Name: Mail Stop AF
Group Art Unit 3738 / Examiner David H. Willse

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/825,522
Gary K. Michelson

Filed: April 15, 2004

METHOD FOR INSERTING NESTED

INTERBODY SPINAL FUSION IMPLANTS

Attorney Docket No. 101.0069-02000

Customer No. 22882

Confirmation No.: 8146

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

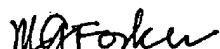
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Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment After Final are being facsimile transmitted to the U.S. Patent and Trademark Office on November 10, 2008.



Miyabi Grace Forker

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FORM PTO-1083

Attorney Docket No. 101.0069-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No. 10/825,522

Filed: April 15, 2004

For: METHOD FOR INSERTING NESTED
INTERBODY SPINAL FUSION IMPLANTS

Confirmation No.: 8146

Art Unit: 3738

Examiner: David H. Willse

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Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment After Final in reply to the Final Office Action dated September 10, 2008 in the above-identified application.

- No additional fee is required.
- Applicant hereby requests a ***-month extension of time to respond to the above office action.
- A Terminal Disclaimer is enclosed.
- An Information Disclosure Statement Under 37 C.F.R. § 1.97() with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20	**	0	LG=\$52 SM=\$26	\$52
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$220 SM=\$110	\$220
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							
LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195							
TOTAL							
\$ 0							

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- The total amount of \$***.00 to cover the *** -month extension fee is to be charged to Deposit Account No. 50-3726.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: November 10, 2008

By: /Amedeo F. Ferraro/

Amedeo F. Ferraro

Registration No. 37,129

1557 Lake O'Pines Street, NE
 Hartville, Ohio 44632
 Telephone: (310) 286-9800
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Transmittal of Amendment 11-10-08

FORM PTO-1083

Attorney Docket No. 101.0069-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No. 10/825,522

Filed: April 15, 2004

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INTERBODY SPINAL FUSION IMPLANTS

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- An Information Disclosure Statement Under 37 C.F.R. § 1.97(____) with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-	20	**	0	LG=\$52 SM=\$26	\$52
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$220 SM=\$110	\$220
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195	\$ 0
						TOTAL	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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Respectfully submitted,

MARTIN & FERRARO, LLP

Date: November 10, 2008

By: /Amedeo F. Ferraro/
 Amedeo F. Ferraro
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Transmittal of Amendment 11-10-08

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RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3738

PATENT

Attorney Docket No. 101.0069-02000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Gary K. Michelson) Confirmation No.: 8146
Serial No.: 10/825,522)
Filed: April 15, 2004) Group Art Unit: 3738
For: METHOD FOR INSERTING) Examiner: David H. Willse
NESTED INTERBODY SPINAL)
FUSION IMPLANTS)

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT AFTER FINAL

In reply to the Final Office Action of September 10, 2008, and pursuant to
37 C.F.R. § 1.116, the Applicant proposes that this application be amended as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on
page 2 of this paper.

Remarks begin on page 7 of this paper.

Amendment After Final 11-10-08